

Participant Name: _____

Last Name	First Name	Middle	Nickname

Medication: _____

Name	Dosage	Frequency

Side Effects: _____

This procedure is for asthma inhalers only. Participants may not bring any other medications to the program. No other medications will be accepted for storage. Self-administration of any other medication is prohibited.

1. This fully completed form (including physician's signature) must be on file with Recreation, Parks & Open Space before inhaler medication will be accepted and store for participant administration.
2. Containers must be labeled with participant name and date.
3. Parent/guardian will provide medication to staff on duty.
4. All medication will be kept locked until needed by participant and returned to locked box after use.
5. Staff will observe the self-administration and document the use on a medication log.
6. Any side effects will be reported to parent/guardian immediately.

AGREEMENTS

Parent/guardian signature below indicates agreement with the following:

1. I have received a copy of the City of Norfolk's Department of Recreation, Parks and Open Spaces Self-Administered Asthma Medication Policy; I have read and understand it and I agree to adhere to all its requirements.
2. I am the parent or guardian of the above named child and I have the authority to speak for and bind any other parent or guardian of the above named child so as to approve the child's self-administration of his/her asthma medication.
3. I agree to adhere to the procedures stated above and request that this child be permitted to self-administer the medication listed above.
4. I affirm that this child has been instructed in and understands the appropriate method and frequency of use of this medication and that this child will self-administer it with the approval of his/her physician as indicated by the physician's signature below.
5. I further indicate by my signature below that I waive and release on my own behalf, on behalf of all other parents or guardians of this child and on this child's behalf, the City, its officers, employees, agents and volunteers from any and all liabilities, damages, actions, and causes of action, including those sounding in tort or contract and regardless of whether for property damage, personal injury or death, in connection with the administration of this policy, the storage of this child's asthma medication and this child's self-administration of his/her asthma medication. Furthermore, I agree to hold harmless the City, its officers, employees, agents and volunteers from any and all liabilities, damages, actions and causes of action, including but not limited to those sounding in tort or contract and regardless of whether for property damage, personal injury or death and also including any that might accrue to or be filed by or on behalf of this child or his/her other parent or

guardian(s), in connection with the administration of this policy, the storage of this child's asthma medication and this child's self-administration of his/her asthma medication.

6. I further affirm that I have provided the participant's physician with a copy of the City's policy as given above.

Parent/Guardian Name (please print)

Date

Licensed/Authorized Prescriber:

I affirm that I have received a copy of the City's policy regarding the self-administration of medication. In my opinion the above named child is capable of self-administering this asthma medication.

Physician's Name (please print)

Date

Physician's Signature

Date

Note: This release is valid for one year from the date of physician's signature.